

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096956

1. Entity Name

AFFORDABLE MORTGAGE FUNDING, INCORPORATED

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90012 031 \*\*\*150.00

Principal Place of Business

Mailing Address

9951 ATLANTIC BLVD STE 430  
JACKSONVILLE FL 32225

9951 ATLANTIC BLVD STE 430  
JACKSONVILLE FL 32225-6553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3614519

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WESTLING, DALE G SR  
331 E UNION STREET  
JACKSONVILLE FL 32202~~

Name Dallas R. Scherck

Street Address (P.O. Box Number is Not Acceptable)  
9951 ATLANTIC Blvd.

Suite 430

City Jacksonville

FL

Zip Code 32225

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Dallas Scherck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/00  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SCHERCK, DALLAS R  
STREET ADDRESS 11611 ALTA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME SCHERCK, SHELIA  
STREET ADDRESS 11611 ALTA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dallas Scherck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00  
Date

Daytime Phone #

CR2E034 (9/99)